



LEAD TRAINER RECOGNITION FORM LPF-5

Louisiana Department of Environmental Quality
OES, Public Participation and Permit Support Division
Notifications and Accreditations Section
P.O. Box 4313, Baton Rouge, LA 70821-4313
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For LDEQ Use Only

Expires:

Check No.

Check Date:

Amt Received: \$

Processed Date:

Fees: In State: \$50 Out of State: \$100

Emergency Processing: In State: \$75 Out of State: \$150

Agency Interest No. _____

LDEQ Training Provider No. _____

Training Provider Expiration Date _____

I. Trainer Information: (please print)

Name:			State DL or ID No.	State of ID issuance:
Address:			Phone No. ()	Fax No. ()
City:	State:	Zip:	Email Address:	

II. Trainer Organization Information:

Name:			Phone No. ()
Address:			Fax No. ()
City:	State:	Zip:	Email Address:

III. Documents for INITIAL Trainer Recognition: *Attach copies of documents showing education, training, or experience as required by LAC 33:III.2805.B. Requirements include the following: (a) at least two years of experience, education, or training in teaching adults; or (b) a bachelor's or graduated degree in building construction technology, science, engineering, industrial hygiene, safety, public health, education, business administration, or program management; or (c) two years experience in managing a program specializing in environmental hazards; and (d) at least one year of experience, education, or training in the construction industry, including lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene. ****ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

IV. Qualifications: Provide the requested information for Lead Trainer Recognition.

Discipline	(Check Below)		Years and Type of Lead-related Experience in Each Discipline (if applying for first time).
	Initial	Refresher	
Worker	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	
Inspector	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Assessor	<input type="checkbox"/>	<input type="checkbox"/>	
Project Designer	<input type="checkbox"/>	<input type="checkbox"/>	

V. Trainer Recognition (For Renewal Only): Previous Trainer Provider No. _____ Expir Date: _____

VI. Statements of Regulation Knowledge and Acknowledgement for Public Records:

(a) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a), any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle are subject to penalties with conviction of civil and criminal actions as outlined in this regulation.

(b) I understand that the lead training classes I teach must include the most current and applicable Louisiana specific regulations and forms and that my recognition is effective for one year as stated in LAC 33:III.2805.

(c) I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

Applicant's Signature: _____

Date: _____